

RISING THREAT: CONGO 2024 WAVE AND ROLE OF RADIOLOGY

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Dear Editor,

Crimean-Congo hemorrhagic fever is a serious viral illness with high mortality. It is caused by infected tick bite or contact with tissue and blood products of already infected individuals or livestock.¹ It is widely distributed among Asia, Africa and Middle East with multiple outbreaks reported in literature. Turkey, Russia, and Iran are the countries with the most human CCHF cases in Asia, with Pakistan reporting the fourth-highest number.

Pakistan among other countries is a well-known annual victim of this killer disease. It was initially discovered in 1976 in Pakistan and since then it has been prevalent with every time rising cases seen on Islamic tradition of Eid al Adha.² Considering the high case fatality ratio of 10-40 % timely diagnosis and management of CCHF is essential.

Main symptoms of CCHF are fever progressing to different forms of hemorrhagic episodes in severe cases. The clinical course otherwise comprises of four stages which include incubation, pre hemorrhagic, hemorrhagic phase and convalescent phase.^{3,4}

Patients usually have cold like symptoms in pre hemorrhagic phase and therefore can delay the exact diagnosis. Hence a chest radiograph in this phase can guide to the specific diagnosis.⁵

Common radiological findings seen in CCHF are large pleural effusions, consolidations and atelectasis. Obviously these chest radiograph findings needs to be correlated with appropriate clinical setting and relevant laboratory findings. There is a proven strong relationship between CCHF patients with abnormal radiographs and mortality, underscoring the role of radiology in clinical outcome of CCHF.⁵ With a death rate of up to 62%, the Crimean-Congo hemorrhagic fever virus (CCHFV) is the most widely distributed tickborne viral illness globally in terms of geography. Regulatory bodies in the US and Europe have not

yet authorized any vaccinations or treatments, despite the disease's vast distribution and high death rate.⁶ Physicians should familiarize themselves with the available diagnostic and management tools for human CCHFV infections.

References

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